

## Self-assessment – paving the way for new management strategies in the future?

By enabling patients to take a more proactive role in assessing their own RA activity, patients can become more understanding and aware of their disease.<sup>4,7</sup> Self-awareness can help identify disease aspects that may be important to the patient, but not routinely assessed in clinic, enabling HCPs to better tailor treatments and management strategies for their patients.<sup>4</sup>

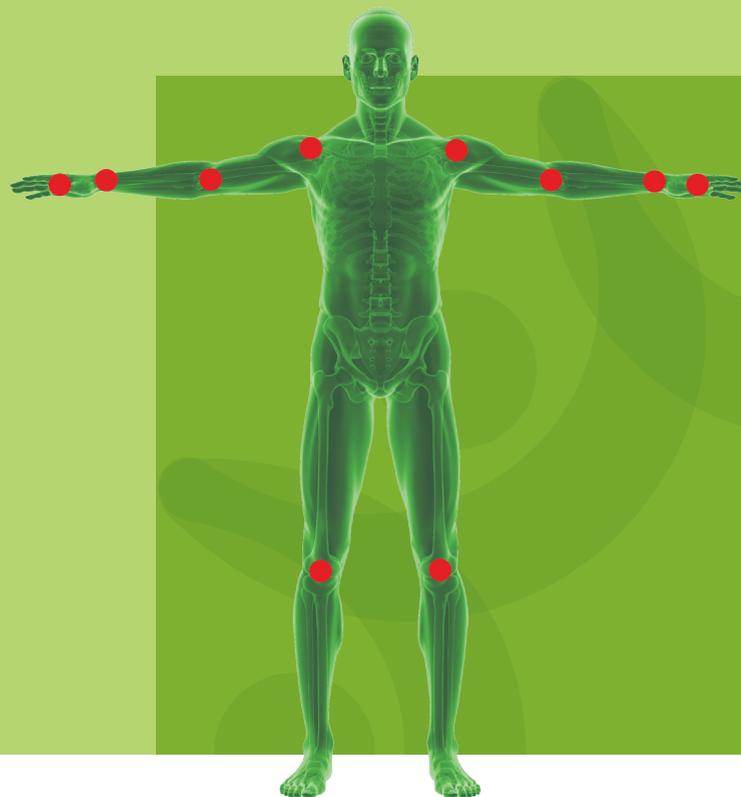


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# Self-assessment in rheumatoid arthritis (RA)

FOR HEALTHCARE PROFESSIONALS



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Rheumatoid arthritis (RA) patients as well as healthcare professionals (HCPs) should regularly assess RA symptoms to ensure their RA is controlled and to aid remission in as many patients as possible.<sup>1</sup> Patient self-assessment is relatively new in RA and is currently under evaluation in the literature.<sup>2</sup> The main talking points stem around whether patients are able to accurately assess their own joints and the benefits associated with enabling patients to do so. This leaflet aims to provide you with an overview of patient self-assessment and helps to address the above issues for you.

### Where can self-assessment play a role?

Patients can calculate their own DAS28 score if their blood test results are available to them. As you know, DAS28 is a common assessment used to measure disease activity and is a key component of all RA guidelines.<sup>3,4</sup> Physical examinations involved in DAS28 – such as tender and swollen joint examinations – can be easily carried out by the patients themselves. Once the patient is confident, these joint self-assessments can be performed quickly and have the potential to allow your patients to stay on top of their RA as well as empower them to take control of their disease.

### Key benefits of patient self-assessment

✓	Monitor and track your RA patients in between consultations
✓	Build the best possible picture of your patients' RA over time
✓	Make more informed treatment decisions
✓	Speed up the assessment process during consultation
✓	Ease your workload in a busy clinic
✓	Keep a closer eye on your RA patients that live far away

### Busting three common myths about patient self-assessment



#### Self-assessment undermines the HCP's role

It should be stressed from the outset that the patient's own joint examination, which they can in turn use to calculate their DAS28 score if blood tests results are available, should not replace your own assessment in any way. Patients can be encouraged to monitor and track aspects of their disease activity in between consultations to help build the best possible picture of their disease and to trigger conversations with you about optimal management of their disease.



#### Patient and HCP assessed joint counts can be different

Self-assessment can be encouraged with advice and support from you – in those patients who you feel are capable enough to do so. Through correct training by a member of the multi-disciplinary team, patients should be able to correctly assess and count their tender and swollen joints. In fact, the feasibility of patients to identify disease flares between consultations through tender and swollen joints has been demonstrated,<sup>5</sup> and patient derived DAS28 scores can have suitable reliability.<sup>6</sup> Patient and HCP joint counts might differ in some cases, but self-assessment gives the patient a consistent indication by their own examination of their disease activity over time.



#### Self-assessment will lead to an overloaded clinic

Traditionally, joint assessments are conducted by the HCP in consultation or during routine follow-up appointments, but these can be time consuming and in turn reduce the number of patients who can be seen. Encouraging patients to self-assess at home can help alleviate this time burden on HCPs.<sup>5</sup> In addition, empowering patients to become more involved in their own RA assessment tends to result in patients coping better and consulting less frequently.<sup>7</sup> For RA patients who are in clinical remission, research shows that self-assessed joint counts are reliable,<sup>8</sup> and allow for effective follow-up without the need for tightly scheduled consultations.<sup>8</sup>